

How non-health charities address the social determinants of health



Education and skills

Our education is a significant social determinant of mental and physical health. It can also affect many other social determinants throughout the life course—from our job to the amount of money and resources we have.

Evidence summary

Pages 44–51 of the [Evidence Review](#) discuss in detail the evidence that suggests the following:

- High cognitive scores are associated with healthier lifestyles, lower levels of obesity, and the risk of diseases like cancer, stroke and diabetes.
- Poor educational attainment is associated with an increased risk of poor mental and physical health, and associated with poor health behaviours—such as smoking.
- People with higher levels of qualifications have a lower risk of developing dementia, symptoms are delayed should dementia occur, and they have a wider set of skills and abilities to cope with the disease when it develops. Mentally stimulating experiences in later life can be effective in replacing lost cognitive function due to dementia—particularly Alzheimer’s disease.
- Good educational attainment is linked to being able to better obtain, process, and understand basic health information. It is also linked to having the skills, knowledge and confidence to access health and social care services.



Key evidence links to Good work: If young people have poor educational achievement in childhood, they are more likely to not be in education, employment or training (NEET).



Key evidence links to Money and resources: Higher cognitive functioning—which allows us to process, access, and use knowledge—is linked to a higher socio-economic position.

There are several ways in which education charities are linking their work to health.

- Charities like [Sported](#) and [Empire Fighting Chance](#) use sport to engage young people and help them achieve better outcomes at school and throughout their lives.
- Health-focused charities can work specifically in education settings. For example, Place2Be focuses on the mental well-being of children by providing mental health support, including counselling, in schools. Its School Project Managers (SPMs) ask children, their teachers and their parents to complete questionnaires about their behaviour and emotional and social well-being before and after the school-based intervention. Measures include the Strengths and Difficulties Questionnaire (SDQ) and Clinical Outcomes in Routine Evaluation (YP-CORE). It benchmarks its research with other mental health specialists.
- Other organisations, such as [Education for Health](#), focus on health education and literacy to improve a person’s ability to interact with the health system and take care of their own health.

See more at www.thinkNPC.org/KeepingUsWell

Challenges

Barriers to gathering and using evidence

- The impact of education on health is mostly over the life course. This can mean that:
 - Establishing the impact of an education intervention often requires a longitudinal study.
 - Even though a good education and skills affects a wide range of life outcomes, some of its impact on health is less immediate than the impact from other social determinants—such as housing. This may make interest in its link to health lower, or less of a priority, than other social determinants.
- The benefits of good educational attainment and continued, ongoing learning are very [varied](#)—even the different health benefits. This makes them harder to quantify.
- Whilst there are data sets available for educational outcomes, there are fewer available on the health of those at school. This means outcomes often need to be captured separately—which takes time. NPC’s report [Evidence and data collection for education start-ups](#) provides guidance on this.

Barriers within the sector and wider environment

- Improvements in educational attainment often require collaboration between charities, schools and universities. Whether tracking health outcomes is a school or university’s responsibility is debated, and there is a limit to what a charity can do on its own.
- The benefits of good education are varied and a relevant in different ways across a range of sectors and government departments. Evidence needs to be built for a wide range of stakeholders.
- School budget cuts will affect the ability of schools to collect evidence or implement evidence based interventions to improve mental health of children at school.
- Funders of education charities tend to be solely focused on education—eg, [Department of Education](#) and [Education Endowment Fund](#). This may mean they have less appetite to fund the measurement of health outcomes.

Opportunities

Opportunities for gathering evidence

- Education cross-cuts many different sub-sectors within the charity sector—eg, youth clubs, tutoring, and engagement through sport. So there are many possible different ways that it could be linked to health. The link to health is stronger in some areas than others—for example, those that use physical exercise to encourage educational attainment.
- Many charities working in this area have direct contact with their beneficiaries. This makes capturing health outcomes more possible, if the charity wishes to do so.

Opportunities within the sector and wider environment

- There are already charities that blend education and health outcomes—eg, [Place2Be](#), [Studentminds](#). These charities could help to build a movement around the link between health and education, or could be a resource for education charities looking to make that link.
- There is increasingly prominent public debate and news about the mental health and resilience of young people at school. There may be appetite for increasing the evidence base around which evidence-based interventions (possibly in schools) work to improve mental health.